



26. 2005 12:40PM

NO. 7701 P. 1/1

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7590 06/27/2005

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| | |
|-----------------------|--------------------|
| Shirley Brooks | (Depositor's name) |
| <i>Shirley Brooks</i> | (Signature) |
| 8-26-05 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/780,161 | 02/17/2004 | Christian Krebs | LINDE-5 (9978*9) | 1262 |

TITLE OF INVENTION: METERED ADMINISTRATION OF A THERAPEUTIC GAS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 09/27/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| LEWIS, AARON J | 3743 | 128-205120 |

| | |
|---|--|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 _____ 2 _____ 3 _____ |
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **INO THERAPEUTICS GMBH** (B) RESIDENCE: (CITY and STATE OR COUNTRY) **Austria**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

| | |
|--|---|
| 4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____ | 4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment to Deposit Account Number 03-2775 (enclose an extra copy of this form). |
|--|---|

5. Change In Entry Status (from status indicated above)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature: *Harold Pezner* Date: **8/26/05**
Typed or printed name: **HAROLD PEZNER** Registration No. **22112**

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